



AFFIDAVIT OF SUPERVISION - STUDENT HEARING AID DEALER CERTIFICATE

State Form 50791 (2-02)

- INSTRUCTIONS:**
1. Affidavit to be completed by **REGISTERED SUPERVISING HEARING AID DEALER** of the student's training period.
 2. Give estimates of number of hours of supervised training.
 3. Return form to: **Health Professions Bureau**
402 W. Washington St., Rm. 041
Indianapolis, IN 46204

State in which affidavit executed	County in which affidavit executed	Date affidavit executed (<i>month, day, year</i>)
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REGISTERED HEARING AID DEALER	
Name of registered hearing aid dealer (<i>first, middle, last</i>)	Hearing aid dealer registration number
Name of company / facility	
Address of company / facility (<i>street, city, state, ZIP code</i>)	

STUDENT HEARING AID DEALER INFORMATION					
Name of student (<i>first, middle, last</i>)					
Address of student (<i>street, city, state, ZIP code</i>)				Student's hearing aid dealer certificate number	
WEEK(s) SUPERVISED		NUMBER OF HOURS SUPERVISED EACH MONTH	WEEK(s) SUPERVISED		NUMBER OF HOURS SUPERVISED EACH MONTH
DATE			DATE		
Month	Year		Month	Year	
TOTAL number of weeks supervised			TOTAL number of hours supervised		
The above supervision information was taken from payroll or other records which are kept at:: (<i>company / facility name</i>)					

AFFIDAVIT	
<p>On this day, I certify that I am a registered Hearing Aid Dealer holding the registration number listed above, and that the above name Student Hearing Aid Dealer, located at the address indicated, was under my supervision for the total number of hours, and for the length of time listed above for the above named company / facility.</p> <p>I solemnly swear, or affirm that the statements given above are true and correct to the best of my knowledge.</p>	
Signature of registered Hearing Aid Dealer	Date signed (<i>month, day, year</i>)